



DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

April 27, 2010

TO: EXECUTIVE DIRECTORS INDIAN HEALTH CLINICS

SUBJECT: FUNDING AVAILABLE FOR EMERGENCY PREPAREDNESS
AMERICAN INDIAN H1N1 VACCINATION PROJECT

This letter announces the release of the Department of Health Care Services (DHCS), Indian Health Program's (IHP) Emergency Preparedness American Indian H1N1 Vaccination Project funds. This funding is made possible through an Inter-agency Agreement with the California Department of Public Health (CDPH), Emergency Preparedness Office (EPO). A total of \$798,520 is available to support H1N1 vaccination activity in Indian health clinics. A maximum of \$20,014 per eligible applicant is available to purchase supplies, cover administrative costs, hold mass vaccination clinics, pay for transportation, and other costs to increase vaccination rates among American Indians in California. Funds are available from April 1, 2010 to June 30, 2010. DHCS reserves the right to determine final award amounts based on the availability of funds and the number of applications received.

To be eligible for funding, an Indian health program shall be administered by either a non-profit corporation organized under the laws of this State or by an Indian Tribe. The board of directors or trustees of such corporation shall be composed of a majority of Indians. (California Code of Regulations, Title 17, Section 1534).

"Indian Tribe" means any Indian Tribe, band, or nation or other organized group or community which is determined to be eligible for the special programs and services provided by the United States or State of California to Indians because of their status as Indians (California Code of Regulations, Title 17, Section 1501)

Additional minimum requirements for funding are described in detail in the Application Cover Sheet (Attachment A).

Application Instructions:

A complete application must include the following list of forms:

1. Application Cover Sheet (Attachment A)
2. Proposed Budget (Attachment B)
3. Authorization to Bind Corporation and Payment Approval Request Form (Attachment C)

Executive Directors

Page 2

April 27, 2010

Application Cover Sheet (Attachment A): Complete all information requested on the form and have authorized individuals sign the document in **blue ink**.

Proposed Budget (Attachment B): Please submit a budget which is limited to the following five line items: Personnel, Operating, Capital Expenditures, Other Costs, and Indirect Costs. Note that budgets do not need to include all five line items. Round all amounts to whole dollars. The horizontal and vertical grant totals must agree.

Expenses not reimbursed by the DHCS include the following:

1. Purchase, renovation, alteration, or improvement of contractor owned or leased property (real estate) or facilities.
2. Contract care as defined by Federal Indian Health Services Regulations.

Additional budget instructions are available on the IHP website at:

<http://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>

Authorization to Bind Corporation and Payment Request Approval Form

(Attachment C): Authorizes representatives of the clinic to negotiate and sign an IHP grant and payment request. At least two persons must be authorized to sign payment requests. Complete all information requested on the form and have authorized individuals sign the document in **blue ink**.

Exhibits:

Scope of Work (Exhibit 1): A required Scope of Work (SOW) is enclosed. Applicants are to utilize the provided SOW for planning activities associated with this grant. A bi-weekly H1N1 progress report template is available at the IHP website located at <http://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx> . In addition, the H1N1 progress report will be included in the fully executed grant documents. Grantees will be required to report on each of the activities outlined in the progress report bi-weekly.

Executive Directors
Page 3
April 27, 2010

Submission:


The completed package is due to the IHP by close of business **May 12, 2010**, at the following address:

Andrea Zubiato, Coordinator
California Department of Health Care Services
State Indian Health Program
1501 Capitol Avenue, Suite 71.6044
P. O. Box 997413, MS 8502
Sacramento, CA 95899-7413
(916) 449-5760

Completed applications may also be faxed to the IHP at 916-449-5776.

Should you have any questions, please feel free to contact the IHP at (916) 449-5760.

Sincerely,



Andrea Zubiato, Coordinator
Indian Health Program

Enclosure

cc: Fiscal Officer, Medical Director

Attachments A-C

State of California – Health and Human Services Agency
Department of Health Care Services

Primary and Rural Health Division
Indian Health Program (IHP)

**Emergency Preparedness American Indian H1N1 Vaccination Project
Cover Sheet**

Grantee Information (Check) Continuing ☐ New ☐ Amount Requested: \$

Clinic Name:

Federal Identification Number:

Address:

City: **State:** **Zip:** **County:**

Phone: **Fax:**

Project Coordinator: **Email:** **Phone:**

Administrator / CEO: **E-mail:**

Fiscal Officer: **E-mail:**

Chairperson: **E-mail:**

**Please check if clinic complies with each minimum eligibility requirement listed below
(As of April 2010):**

- ☐ Good standing with the Office of the Secretary of State and the Office of the Attorney General (if a non-profit corporation),
- ☐ Good standing with the Bureau of Indian Affairs (if an Indian tribe),
- ☐ Board of Directors that is comprised of a majority of American Indians, represents the local American Indian community, and functions according to its bylaws,
- ☐ State clinic licensure (or exemption) for all clinic sites,
- ☐ A clinic pharmacy permit (if applicable),
- ☐ Provision of at least two of the following three services – medical, dental, and/or community health services – with each service to be provided at least 24 hours per week.
- ☐ Clinical Laboratory Improvement Act (CLIA) State registration (if applicable),
- ☐ Liability and malpractice insurance in sufficient amounts to meet current state requirements of not less than \$1,000,000 per occurrence for bodily injury and property damage liability combined or Torts claims coverage.

The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge.

CHAIRPERSON *(Please Print)*

SIGNATURE

DATE

EXECUTIVE DIRECTOR *(Please Print)*

SIGNATURE

DATE

Clinic:

Line Item Budget

Line Item	April 1, 2010 to June 30, 2010
Personnel:	\$
Operating Expenses:	\$
Capital Expenditures:	\$
Other Costs:	\$
Indirect Costs:	\$
Total	\$

AUTHORIZATION TO BIND CORPORATION AND PAYMENT REQUEST APPROVAL FORM

The Board of Directors of the _____
in a duly executed meeting held on _____ and where a quorum
was present, resolved to authorize:

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

to negotiate and sign any State Indian Health Program (IHP) grant and any payment requests that may result. The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge. The undersigned further affirms that the applicant accepts, as a condition of the grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned further affirms that the funds shall be used to deliver primary medical, dental, and community health services to program beneficiaries. The undersigned recognizes that this is a public document and is open to public inspection.

Signature: _____ Date: _____
(Corporate Officer's Signature)

Name: _____ Title: _____
(Type/Print)

Form Completion Instructions: At least two persons must be authorized to sign payment requests. A current Authorization to Bind form must be kept on file with the IHP. A copy of this form and the IHP address may be found at <http://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>.

**When changes to this authorization occur please submit an updated
Authorization to Bind form within ten (10) working days.**

All signatures must be in blue ink.

Exhibits

Exhibit 1

Goal: Provide funds to American Indian primary care clinics in California in "hard to reach areas" to support the 2009-2010 H1N1 vaccination campaign.

Measurable Objectives	Implementation Activities	Timeline	Evaluation /Documentation
<p>A. Identify gaps in vaccines, equipment, supplies, or personnel needs to meet the vaccination needs of the American Indian community</p>	<p>A. Acquire necessary vaccines, equipment, supplies, and additional personnel required to increase and meet vaccination needs for the American Indian community. Distribute the California Department of Public Health vaccination information sheets, outreach strategies and 2009 H1N1 educational materials (Click on the link and click on the PDF), also follow Recommendations and Guidelines available at: http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu</p>	<p>A. April - June 2010</p>	<p>A. Vaccinated as many American Indians clients as possible. Documented the number of individuals vaccinated, and the number of refusals. Tracked money spent on H1N1 vaccine efforts. All individuals received copies of Vaccine Information Statements.</p>
<p>B. Track and record number of individuals vaccinated by month and by risk category and/or ethnicity</p>	<p>B. Develop and implement a tracking and recording system of the number of individuals vaccinated by risk category and/or ethnicity. Enter data in the State of California Vaccination Registry at: http://www.cairweb.org/</p>	<p>B. Bi-weekly April - June 2010</p>	<p>B. Entered all required information into the State of California Vaccination Registry every two weeks.</p>
<p>C. Report on contract deliverables including record of individuals vaccinated and list of acquired vaccines, equipment, supplies, or personnel</p>	<p>C. Prepare a report on contract deliverables including record of individuals vaccinated and list of acquired vaccines, equipment, supplies, or personnel using the attached H1N1 Progress Report from the Indian Health Program.</p>	<p>C. Bi-weekly April - June 2010</p>	<p>C. Submit bi-weekly H1N1 Progress Report to the Indian Health Program.</p>